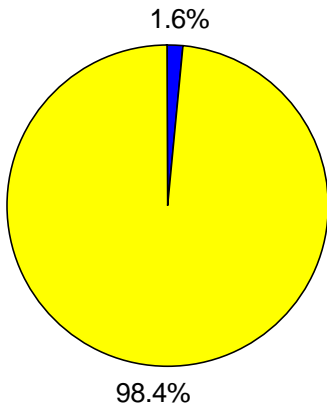


Fairfax-Falls Church Community Services Board

106-08-Alcohol and Drug Crisis Intervention and Assessment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$1,425,389	<p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">1.6%</p> <p style="text-align: center;">98.4%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>■ Alcohol and Drug Crisis Intervention and Assessment Services</p> <p>■ All Other Agency CAPS</p> </div>
Operating Expenses	\$344,933	
Recovered Costs	\$0	
Capital Equipment	\$0	
Total CAPS Cost:	\$1,770,322	
Federal Revenue	\$177,000	
State Revenue	\$525,000	
User Fee Revenue	\$118,411	
Other Revenue	\$0	
Total Revenue:	\$820,411	
Net CAPS Cost:	\$949,911	
Positions/SYE involved in the delivery of this CAPS	27/25.63	

► CAPS Summary

Alcohol and Drug Crisis Intervention and Assessment Services provides comprehensive emergency, stabilization, crisis intervention, assessment, and methadone treatment services to individuals requiring treatment for alcohol and/or drug abuse or addiction problems. Without rapid response and prompt intervention, individuals present a risk to themselves, their family members, and/or the public.

The goal of Crisis Intervention and Assessment Services is to deliver prompt services to address emergency, stabilization, and crisis intervention needs of the clients and the referring agencies. Referring agencies use assessment findings for Court sentencing, resolution of child abuse and neglect cases, child removal and custody resolution, and probation monitoring and sanctions. Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court (JDRC), the Health Department, and the

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Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services). Additional services provided include case management for individuals requiring hospitalization for severe withdrawal symptoms and individuals participating in methadone treatment.

Crisis Intervention and Assessment Services provides the following mandated services:

- 48-hour rapid response care to pregnant substance abusing/addicted women to intervene and interrupt the associated health risks for the women and their unborn children.
- Emergency, crisis intervention, assessment, and referral services through the LINK grant to pregnant/post-partum women to intervene and interrupt the cycle of addiction and the resulting serious health issues. This service addresses the mandate for hospitals, physicians, the Department of Family Services, and the CSB to collaborate and intervene in prenatal and infant substance exposure.
- Methadone maintenance throughout pregnancy to pregnant women who are addicted to heroin to avoid the severe risks to the fetus that are associated with maternal withdrawal.
- Prioritized services for individuals that engage in Intravenous Drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.
- Vital Court information related to parental substance use associated with child abuse, neglect cases, and emergency child removals.
- A centralized point of entry to programs and referrals out to private treatment providers in the community.

Clients requiring treatment are referred to an appropriate level of care within ADS based on criteria developed by the American Society of Addiction Medicines (ASAM).

- Referrals to a specific level of care are based on a professional assessment of the person with an alcohol or drug problem.
- Services are provided in an outpatient setting. Individuals participate in a structured assessment with a trained clinician. The assessment is a clinical evaluation that includes: alcohol/drug use and history; potential for withdrawal; ability to maintain abstinence; physical and psychiatric conditions; life area functioning; support for recovery; and willingness to participate in treatment. A team of professionals reviews the client information and places the client in the appropriate level of care, e.g. detoxification, outpatient, methadone treatment, day treatment, or residential services. (ADS Intervention and Assessment Services contracts with the Alexandria Regional Methadone Clinic and in collaboration, case manages the patients receiving methadone services.)

Contract Management oversight is provided by Crisis Intervention and Assessment Services for the purchase of methadone treatment services from the Alexandria Methadone Clinic operated by the Alexandria Community Services Board. Oversight includes on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

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Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women, and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

In FY 2001, Crisis Intervention and Assessment Services served 2,067 individuals. Eighty-two percent of the clients assessed based on criteria developed by ASAM accessed the appropriate level of care. Crisis Intervention and Assessment Services has worked on process improvement initiatives that have:

- streamlined services to reduce waiting lists;
- offered services in Fairfax, Falls Church, and the southern region of the County to accommodate citizens; and
- worked collaboratively with the Courts, Virginia Department of Probation and Parole, the Alcohol Safety Action Program (ASAP), the Department of Family Services, other County agencies, and private providers to ensure rapid and effective delivery of quality services.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; and fees from clients and insurance companies.

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► Trends/Issues

Crisis Intervention and Assessment Services faces the following trends and issues:

- Fairfax County continues to expand in its diversity of culture and language among the residents. Approximately 20 percent of the individuals accessing services speak Spanish as their primary language. ADS Crisis Intervention and Assessment Services has recruited competent staff to address this trend. Individuals speaking other primary languages are accommodated or referred to the private sector for services.
- The Department of Family Services and Fairfax County Courts refer an increasing number of individuals with child welfare, abuse, neglect, custody determination, foster care, and criminal issues where substance abuse plays a major role. These cases require intensive evaluation and management services and related multiple Court appearances.
- Due to the lack of behavioral health care insurance, there is diminished capacity to serve individuals who require substance abuse services in the private sector. This is particularly compelling for those who are indigent or who are in the lower socioeconomic strata. The lack of substance abuse services for these individuals in the private sector compels them to seek public services.
- The State Department of Family Services' Welfare-to-Work grant has expired. The grant funded two ADS positions to provide intervention, assessment, placement, and case management substance abuse services to individuals requiring intensive rehabilitation services. The program moves individuals to self-sufficiency through intensive services, which include vocational, childcare, and substance abuse services. The Fairfax County Department of Family Services has agreed to extend funding for two of the three positions throughout FY 2002 through the formula Welfare-to-Work grant while the agencies seek alternative funding sources for future years. Funding for the other position will expire in September 2001.

Participant Characteristics

Crisis Intervention and Assessment Services' clients are adults, 18 years of age and older, generally referred by the Virginia Department of Probation and Parole, Circuit Court, General District Court, ASAP, JDRC, the Health Department, and the Department of Family Services (including Child Protective Services, Foster Care, Adult Protective Services). These individuals have moderate to severe alcohol and/or drug problems, which create or exacerbate physical and psychiatric conditions, and adversely effect functioning in the major life areas of family, school, employment, and community (legal difficulties).

Individuals requiring services are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. Current health insurance plans tend to have little coverage for substance abuse behavioral health care needs. Individuals requiring services that have adequate financial resources are encouraged and referred to private providers in the community for services to help reduce waiting lists for those who have no alternatives to care.

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Crisis Intervention and Assessment Services provides rapid care to the mandated priority population determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

► Method of Service Provision

Crisis Intervention and Assessment Services is provided through a combination of directly operated and contract services. Directly operated activities include all services provided through the Assessment and Referral Center. The provision of Methadone treatment services is contracted through the Alexandria Community Services Board, which includes medication distribution, medical supervision, and counseling services.

Hours of Operation: Emergency Services are provided 24 hours a day. Standard hours of operation are Monday through Thursday from 8:00 a.m. to 8 p.m., and Friday from 8:00 a.m. until 5:00 p.m.

► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	2,008	2,040	2,130*	2,067	2,050
Hours of Service	24,178	22,815	20,411*	23,483	23,036

*Reduction in hours of services related to MIS data issues

Satisfaction Results: 99 percent of clients assessed through Alcohol and Drug Crisis Intervention and Assessment Services report satisfaction with services.

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► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Federal Substance Abuse Prevention and Treatment Block Grant, 45 CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children and 45 CFR 96.121, 126 mandates that services be prioritized for individuals that engage in intravenous drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system and Section 32.1-127 mandates collaboration between hospitals, physicians, DFS, and substance abuse services to intervene in prenatal and infant substance exposure.

► User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$118,411
Current Fee		Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
Purpose of Fee: Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement <u>Code of Virginia</u> Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001
Other Remarks:		